

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004398

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

536

STATE FILE NUMBER

FILED JAN 19 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY

admission)

c. CITY OR TOWN ST. LOUIS

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 5243 NAGELInside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
5243 NAGELReside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

EDWARD

REMES

4. DATE

Month

Day

Year

OF DEATH

JAN. 11

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/13/14

9. AGE (last birthday)

47

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

FRANK REMES

13b. MOTHER'S MAIDEN NAME

ELIZABETH ADAMEC

14. NAME OF HUSBAND OR WIFE

RUTH REMES

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

RUTH REMES 5243 NAGEL

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Angina pectoris

3 Mo

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1961 to 12/11/62 and last saw her alive on 1-11-62
Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Frank Swkosky (Degree or title)

22b. ADDRESS

4045 S. Grand

22c. DATE SIGNED

1-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

JAN. 13, 1962 MT. OLIVE CEM.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

THOMAS KUTIS

2906 GRAY

25. DATE RECD. BY LOCAL REG.

JAN 12 1962

26. REGISTRAR'S SIGNATURE

Ruth Remes M.D.

40953. Kansas

Pl 2-2818

til 2 30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3463

P. O. Address 2906 Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.